

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC		FEC IDENTIFICATION NUMBER ▼ C C00609388	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>	

Full Name of Payee Ground Game Innovations, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> 11 / 24 / 2020		
Mailing Address 52 Tuscan Way Ste 202-323			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">500000.00</div>		
City Saint Augustine	State FL	Zip Code 32092-1850	Transaction ID : VTDG0AF0V52		
Purpose of Expenditure Canvassing - Estimate		Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>		
Name of Federal Candidate Warnock, Raphael, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">745437.42</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Run-off Special		

Full Name of Payee Ground Game Innovations, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> 11 / 24 / 2020		
Mailing Address 52 Tuscan Way Ste 202-323			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">500000.00</div>		
City Saint Augustine	State FL	Zip Code 32092-1850	Transaction ID : VTDG0AF0V60		
Purpose of Expenditure Canvassing - Estimate		Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>		
Name of Federal Candidate Ossoff, Jonathan, T., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">745437.42</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">1000000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

M M M

 /

D D D

 /

Y Y Y Y Y Y

11 / 25 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Black PAC		FEC IDENTIFICATION NUMBER ▼ C C00609388	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee The Pivot Group Inc.		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1509 16th St NW FI 3		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City Washington	State DC	Zip Code 20036-1461	Amount 11026.19
Purpose of Expenditure Printing - Estimate	Category/ Type	Transaction ID : VTDG0AF0V03 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Warnock, Raphael, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate State: GA <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Run-off Special	

Full Name of Payee The Pivot Group Inc.		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1509 16th St NW FI 3		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City Washington	State DC	Zip Code 20036-1461	Amount 11026.19
Purpose of Expenditure Printing - Estimate	Category/ Type	Transaction ID : VTDG0AF0V44 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ossoff, Jonathan, T., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate State: GA <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22052.38
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1022052.38

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

 / /

Signature